

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/030810

FILING DATE

03 JUN 2002

APPLICANT(S)

James

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		2					54						
5		1					55						
6		0					56						
7	1						57						
8		1					58						
9		1					59						
10		3					60						
11		3					61						
12		1					62						
13		1					63						
14		0					64						
15	1						65						
16		1					66						
17		1					67						
18		3					68						
19		0					69						
20	1						70						
21		1					71						
22		1					72						
23	1						73						
24		1					74						
25		1					75						
26		0					76						
27	1						77						
28	1						78						
29		2					79						
30		0					80						
31		0					81						
32	1						82						
33	1						83						
34	1						84						
35	1						85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	11						TOTAL IND.						
TOTAL DEP.	33						TOTAL DEP.						
TOTAL CLAIMS	44						TOTAL CLAIMS						